HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION

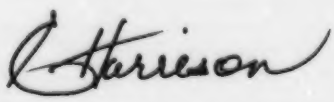
Annual Report
2001-02

The Honourable John T. Nilson, Q.C.
Minister of Health
Legislative Assembly
Regina SK S4S 0B3

Dear Mr. Nilson:

I am pleased to submit, for your consideration, the annual report of the Health Services Utilization and Research Commission for the fiscal period April 1, 2001 - March 31, 2002.

Respectfully submitted,



E.L. Harrison, PhD, MSc, BPT
Chair

Health Services Utilization and Research Commission

The mission of the Health Services Utilization and Research Commission is to promote the wellness of the people of Saskatchewan by fostering the efficient and effective utilization of health services and by stimulating, funding, and promoting research in the healing arts and health sciences.

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Statement from the Chair

The past year brought with it major changes for Saskatchewan's health system, of which HSURC has over the past decade become an integral part. Central to the action plan announced by the province in December was a new emphasis on measuring and improving health care quality and a significant boost in health research funding. While we continued to generate health services evidence and fine-tune our funding programs, clearly the big news was the creation of Canada's first Quality Council and a new health research funding foundation.

Utilization research recap

Besides moving forward on a number of ongoing research projects—including health human resources, emergency services, hip fractures, mental health, integrated care pathways, and optimal drug prescribing—we released two major reports and the next in our Getting Started series of how-to guides.

After reviewing the thorny issue of genetic testing, our board released a discussion paper in November 2001 recommending government begin working with federal and provincial agencies, health districts, and the general public to develop policies and programs to address inevitable growth in this area.

In revisiting the evidence on preventive home care, we found all studies on the topic have limitations that prevent drawing conclusions about the effectiveness of this light-level service. In our report released in March 2002, we recommend government work with health districts to come up with common definitions and create new databases.

Our *Getting Started with Integrated Care Pathways* document, released in November, was the product of collaboration with utilization management staff in Saskatoon District Health. The guide is designed to help Saskatchewan health districts develop, implement, and evaluate these evidence-based care tools.

Changes to research funding programs

Our board this year approved programming changes that are designed to further stimulate health research in Saskatchewan. We made the modifications in response to advice from our research funding advisory committee and others in the research community. In reshaping our programs, we did so with an eye to recently expanded federal health research initiatives and considered how our efforts could dovetail with them to achieve maximum benefit for health research

in the province. We are confident these new changes to our funding programs will help Saskatchewan researchers take the next step up to success in national competitions. The most recent results in national research competitions show significant increases in funding successes within our research community.

Organizational evolution

Our board invested considerable time in 2001 discussing Ken Fyke's report, *Caring for Medicare: Sustaining a Quality System* and responding to key components that related directly to the long-standing work of HSURC. In July we made a formal submission to the Saskatchewan Legislative Assembly's Standing Committee on Health Care. In that presentation, we strongly endorsed Fyke's report and urged government to move quickly on key recommendations.

Our main points were, first, that the biggest improvements in health care will come from focusing on improving system quality; second, that doing so requires an investment in innovation and quality management, in the form of a quality council; and finally, that investing in health research will yield dividends in health, health science education, and the provincial economy.

In December, the provincial government released its formal response to the Fyke Commission report and subsequent public consultations, entitled *Healthy People, Healthy Province: The Action Plan for Saskatchewan Health Care*. In it, the province outlined the role for a new Quality Council, which will be an expansion of the current HSURC mandate and the creation of a new agency responsible for funding health research.

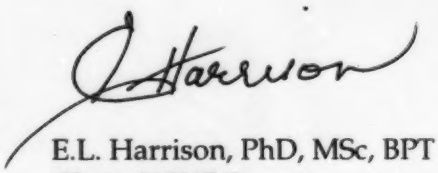
These are indeed exciting developments. We view the establishment of these organizations as fitting recognition of the important role of health research in this province. Our board and staff have spent considerable time since December discussing the transition of the current organization into the new Quality Council and Health Research Foundation. We're confident that by fall 2002 these new agencies will be well on their way, with HSURC's previous roles transferred to the respective organizations.

While the Quality Council will carry on current activities from HSURC's health services research mandate, it appears the Council will in addition begin performance measurement and reporting on this to the public. We expect that, after the formal terms of reference have been finalized, the new agency will have a significantly different mandate than HSURC. It will serve as a solid foundation upon which to continue building a more evidence-based health system in the province.

Likewise, the establishment of a Health Research Foundation will serve Saskatchewan well as we position ourselves to build research capacity in the province and ensure high-quality evidence is available for the health care of our residents. As the long-standing provincial granting agency, HSURC sees this evolution as a milestone for health research in the province. We view the creation of a new distinct agency and 40 per cent increase in funding support as acknowledgement by government of the importance of health research for strong health care and economic development.

In Closing

The Commission has achieved much over the years, on both sides of its mandate. We see the new Quality Council and Health Research Foundation building on the good work done by HSURC. The Commission has set the bar high for both new agencies.



E.L. Harrison, PhD, MSc, BPT
Chair, HSURC

General Information

Legislative authority and mandate

The Health Services Utilization and Research Commission is an arm's-length, government-funded agency with a dual mandate: to assess Saskatchewan's health system and recommend evidence-based changes, and function as the provincial health research granting agency. It was established by the province through an order-in-council in February 1992. HSURC now has its own provincial legislation, *The Health Services Utilization and Research Commission Act*, which received royal assent from Saskatchewan's lieutenant-governor on June 2, 1994.

Our legislation empowers us to do utilization research in addition to carrying on the granting agency mandate inherited from the Saskatchewan Health Research Board. Specifically, we are directed to:

- study the factors affecting the health of individuals or groups;
- study the factors affecting the use of health services and health services resources;
- study the effectiveness of health procedures, practices, and technologies;
- identify practical means to better utilize health services and health services resources;
- report to the Minister results of our studies and research, and make recommendations to the Minister based on studies and research;
- study matters respecting health services referred to us by the Minister;
- inform Saskatchewan residents and providers of health services of our study findings, or research funded by the Commission;
- provide reports, research, and consulting services to any person, agency, or body; and,
- fund and otherwise stimulate in Saskatchewan, studies of and research in the basic and clinical health sciences and the health-related social sciences pertaining to human health status.

Structure

Under the HSURC Act, the chair and vice-chair are designated by the lieutenant-governor.

Commission members may hold office for up to three years per term. They are eligible to be reappointed but for not more than two consecutive terms.

At least two commissioners must be faculty of the University of Saskatchewan, and at least one must be faculty of the University of Regina.

Appendix 1 lists the board members who served during 2001-2002.

Staff

As of March 31, 2002, the HSURC core staff comprised:

Laurence Thompson, Chief Executive Officer
Maureen Bingham, Co-Director, Knowledge Transfer Unit
June Bold, Director of Grants and Awards
Bonnie Brossart, Senior Research Officer
Kelly Chessie, Research Officer
Lisa Clatney, Research Officer
Tanya Dunn Pierce, Research Officer
Dianne Ferguson, Co-Director, Knowledge Transfer Unit,
Laurie Gander, Senior Research Officer
Noreen Grenkow, Research Analyst/Communications Assistant
Nedeene Hudema, Research Analyst
Heather MacDonald, Research Officer
Barb Nisbet, Office Manager
Sherry Wailing, Accountant
Val Ziegler, Administrative Support

Utilization Research

How we conduct research

For each study, the Commission establishes a working group of stakeholders that is chaired by a board member. Our goal is to assemble multi-disciplinary, representative panels to guide projects. Group composition is determined largely by the study topic. Specialists, general practitioners, nurses, administrators, and representatives of other health occupations and the public have participated on our working groups.

For most studies, the working group chair and HSURC staff draft terms of reference. This information is presented to the group for review and revision at its first meeting, along with a review of the health sciences literature and any data that have been collected.

Working group members generate study questions and hypotheses, advise the Commission on data collection and analysis, guide the work of research staff, review drafts, and develop recommendations. Appendix 2 lists working group members for HSURC studies.

Projects completed in 2001-2002

Genetic testing

Genetic science continues to gather momentum. While each advance brings us closer to better diagnosis, risk assessment, primary prevention, and treatment, genetic testing also poses a host of unique ethical, legal, and social issues.

In October 1999, Saskatchewan's Minister of Health asked HSURC to explore this controversial subject.

HSURC board members served as the working group for this project, chaired by Barry Maber (vice-chair, HSURC).

After much study, we released a brief discussion paper in November 2001 entitled *Staying Ahead of The Wave: Preparing Today for Genetic Testing Tomorrow*. In it, we flag a number of issues the health system must address as it determines how best to incorporate new genetic science into service delivery. Our document also highlights a number of ethical issues related to genetic testing.

On the basis of our review, we encourage Saskatchewan Health to begin working with federal and provincial agencies, health districts, and the general public to develop policies and programs to address the inevitable growth in genetic testing. Specifically, we recommend that Saskatchewan Health establish a clear policy and regulatory framework for genetic testing that is based on evidence, and develop plans for delivering genetic testing services that are appropriate to this province's geography and population; and, that health science colleges, professional associations, and Saskatchewan Health provide education to providers, patients, and the public about genetic testing.

Preventive home care – follow-up

After we released our original study on preventive home care in May 2000, Saskatchewan health districts asked for more information about the impact of light-level support services on outcomes such as quality of life, functional limitations, social support, and informal caregiver burden. In response, we struck an expert working group to review the latest Canadian and international research and determine the need for a follow-up study by HSURC.

The group found that all the studies had differences or limitations that preclude drawing firm conclusions about the effectiveness of this specific type of home care. We released a report in March 2002 in which we recommend Saskatchewan Health work with regional health authorities to develop standard definitions for preventive home care and that the province create a new database based on the common definitions. These changes, we concluded, would enable researchers to definitively assess the impact of specific interventions on specific types of clients. Inconsistency across health districts in the way information is being collected and gaps in provincial databases currently stand in the way of determining whether preventive home care keeps seniors healthy and living independently longer.

Current projects

Clinical practice guidelines (CPGs) - evaluation

Between 1992 and 1997, HSURC produced eight clinical practice guidelines. While there is considerable Canadian and international research on these decision tools, we do not have any home-grown evidence about the impact of our CPGs on Saskatchewan physicians' behaviour or about providers' attitudes toward them.

With funding support from the Medical Research Council of Canada, we are trying to assess if these evidence-based, decision-making tools have an effect on actual physician practice. We are looking at

whether there was an overall change in doctors' use of the specific tests or drugs addressed by our CPGs and whether this change was unique to Saskatchewan. We are also investigating physician attitudes towards guidelines generally and HSURC's guidelines in particular, and what factors contribute to guideline use.

During the past year, we finished our preliminary analysis of Saskatchewan trends in test/drug use and compared these results to the trends of five other Canadian provinces. We also analyzed our physician survey about guideline use and began linking this self-report of guideline use with utilization data.

We struck a working group of physician opinion leaders from across the province to help us interpret the results of our evaluation. Members of the group will make recommendations on how the findings of this study can be used to promote the use of evidence by Saskatchewan physicians. Our study results are scheduled for release in fall 2002.

Clinical practice guidelines - updates

Clinical practice guidelines are, by their nature, a dynamic medium. The body of knowledge upon which individual guidelines is based grows and changes with the release of new research evidence in the area.

HSURC reviews its guidelines at least every three years, to ensure that they reflect the latest evidence. We're committed to providing physicians and other health professionals with the most current information on best practices. We began reviewing our guideline on cholesterol testing and treatment last year, and expect to finish it by June 2002.

Activities by local groups, however, prompted us to withdraw two of our other CPGs. We discontinued our guideline on cervical cancer screening in 2001, in light of work by the prevention and early detection division of the Saskatchewan Cancer Agency to develop a provincial cervical cancer screening program. We also withdrew our thyroid testing CPG; the Laboratory Quality Assurance Program of the College of Physicians and Surgeons of Saskatchewan has developed a guideline based on the most current testing protocol.

Emergency medical services

In a survey we conducted as part of a broader study on the impact of funding cuts to rural hospitals, residents told us access to emergency services was a key concern for them.

Our EMS project working group is developing a draft framework for emergency medical response in rural Saskatchewan that links current activities with recommended goals and objectives. The framework will

help us identify research priorities and better understand how all of the elements of the emergency medical response system contribute to health outcomes.

The working group is also working with HSURC research staff on an Issues and Directions paper that identifies key issues for discussion and suggests future activities (including research) needed to promote greater effectiveness in the delivery of emergency medical response services.

The framework and discussion paper are intended to serve as a starting point from which to begin defining how to measure effectiveness. In developing both pieces, we are consulting extensively with key organizations and individuals involved in emergency medical services in Saskatchewan.

Health human resources

Human resources issues present an ongoing challenge in Saskatchewan's health system, as they do elsewhere in Canada. HSURC continues to sit as a member of the Saskatchewan Nursing Council sub-committee on "magnet" environments, which is looking at the factors that attract and retain high-quality nurses.

We are also working with the Saskatchewan Registered Nurses' Association (SRNA) to evaluate a healthy workplace initiative. The SRNA Quality Workplace Program is designed to increase retention of nurses, improve health outcomes, boost staff morale, and develop frontline leadership. Teams of managers and staff from each of three sites are assessing their workplaces, and planning and implementing strategies and activities designed to improve the quality of their workplaces. HSURC staff are evaluating how the sites came together to plan and implement the strategies and activities.

The working group for the HSURC evaluation comprises the members of the Saskatchewan Nursing Council's Working Group on Magnet Environments. This group includes: Dianne Anderson, Saskatchewan Health; Carla Bolen, Registered Psychiatric Nurses Association of Saskatchewan; Diana Davidson Dick, Saskatchewan Institute of Applied Science and Technology; Karen Eisler, Saskatchewan Registered Nurses' Association; Diane Garbolinski, Saskatchewan Association of Licensed Practical Nurses; Cecile Hunt, North Central Health District; Kelly Kummerfield, Saskatchewan Health; Dawn Lammer, student from the Nursing Education Program of Saskatchewan; Rosalee Longmoore, Saskatchewan Union of Nurses; David McKillop, Saskatchewan Association of Health Organizations; and, Marlene Smadu (chair), Saskatchewan Health.

In consultation with the SRNA and the Registered Nurses Association of British Columbia, HSURC staff also developed a tool for assessing magnet environments, which is being applied before and after interventions at each of the program sites to assess the impacts of the program.

Hip fracture

This project involves two studies: the first is looking at the use of bone densitometry in identifying people at high risk of developing osteoporosis, the second, at outcomes among seniors who have suffered a hip fracture.

Bone densitometry services

Bone densitometry is among the fastest growing tests in medicine. There is no consensus, however, on who should be tested.

Our project is intended to promote the efficient use of bone mineral density (BMD) testing for primary and secondary prevention of osteoporosis. During May and June of 2000 we surveyed 1,500 patients who were tested during that period, to identify referral patterns.

Last fall we began recruiting for the case study component of this project physicians whose practices include the management of osteoporosis. We're trying to measure the proportion of Saskatchewan residents visiting physicians for osteoporosis-related conditions and determine how accessible BMD testing services are for those who require testing. We'll use the findings to identify gaps between current and best practices. We plan to release results from this study in December 2002.

Hip fracture

Although hip fractures can occur at any age, they are most common in seniors and result in an increased risk of functional dependence and death. They are a leading cause of loss of independence and, because of the costs associated with preventing, treating, and managing hip fractures, place a considerable strain on the health care system.

Through this study, we are trying to identify the characteristics and outcomes of Saskatchewan seniors who sustain a hip fracture, and determine whether there are differences between urban and rural patients. During the past year, we finished negotiating a contract agreement with Saskatchewan Health that will enable us to link information from seven different administrative databases. We expect to receive these data by fall 2002.

Integrated care pathways

It is difficult for health professionals, managers, and administrators to stay abreast of the ever-growing amount of medical evidence that is available. Integrated Care Pathways (ICPs) are

a relatively new decision tool specifically designed to address this challenge. Based on the latest evidence, ICPs plot out the optimal course of care for all patients with a specific condition or undergoing a particular procedure.

HSURC is working on a number of fronts to encourage the development and implementation of pathways in Saskatchewan. This year, a research partnership involving HSURC, Saskatoon and Regina health districts, both of the province's universities, and Saskatchewan Health received a grant from the Canadian Health Services Research Foundation (CHSRF) to study how ICPs contribute to continuity of care in patients with congestive heart failure and atrial fibrillation. The group is also evaluating the processes and costs involved with developing and implementing pathways.

In November we launched *Getting Started with Integrated Care Pathways*, a new "how-to" manual aimed at helping health district staff develop, implement, and evaluate their own ICPs. The winter meeting of the District Utilization Coordinators Group focused on integrated care, and featured presentations on and discussions about several Saskatchewan integrated care projects.

Our work in this area includes ongoing knowledge transfer initiatives and an externally funded, but HSURC-supported research study. The CHSRF study research team functions as the working group for the latter.

Mental health in the primary care setting

Health system stakeholders in Saskatchewan have identified primary care and mental health as priority research themes for HSURC. Through this project, we are addressing both areas.

While mental health care is generally associated with specialized treatment by psychologists and psychiatrists, general practitioners in fact see more people with mental health problems than do specialists. Shared mental health care—a model in which care is delivered collaboratively by general practitioners and mental health practitioners in the general practice setting—has been implemented in several Canadian jurisdictions with promising results.

Although many clinicians and researchers consider this "best practice" in mental health service delivery in the primary care setting, there are no recent systematic reviews of the relevant literature. The integration of primary care with mental health services in Saskatchewan appears to be limited, but growing.

Our working group is looking at four key research questions:

- What are the best practices in mental health service delivery in the primary care setting?
- How do current practices in mental health service delivery in the primary care setting in Saskatchewan compare to best practices?
- How does variability in current practices affect outcomes of individuals with mental health problems?
- What are the barriers to and solutions for achieving best practices generally, and in Saskatchewan in particular?

Knowledge Transfer Unit

Our Knowledge Transfer Unit works to ensure new and existing health knowledge is applied in the health system. It does so through activity in the following areas:

Interacting regularly with decision makers

Building, maintaining, and strengthening interpersonal relationships throughout the health care system is a cornerstone to the knowledge transfer process at HSURC. Our knowledge transfer staff continue to look for ways to expand networks for exchanging information between researchers and decision makers. We also take advantage of opportunities to interact face-to-face with our stakeholders.

The Commission continues to refine its environmental scanning process to improve, expand, and incorporate results into its own decision-making processes.

Making decision makers aware of relevant research

HSURC's Health Clips, a daily package of health services related news and research internet links, brings new research evidence to the desktop of more than 1,500 subscribers across Canada – including almost 600 users in Saskatchewan.

In January 2002 we conducted a survey of our in-province subscribers. We learned that

- Subscribers rely on Health Clips to stay abreast of health services news and research-including "grey" literature from HSURC and other similar research agencies;
- Subscribers appreciate having the option of scanning news and research items, or following links to get the full story;
- Many users apply information from Health Clips in their day-to-day decision-making; and,
- Saskatchewan subscribers spend a maximum of 15 minutes a day

reviewing the Health Clips package.

Our web site, which we regularly update with new research evidence, resources, and links, attracts an average of 125 visitors per day.

Ensuring decision makers understand relevant research

HSURC launched a new report format this year. The HSURC Brief is a four-page summary designed to give our busiest readers a concise overview of a study's main findings and recommendations. We post a corresponding, detailed technical report on our web site, for those readers who want the full story.

Developing capacity to select and apply evidence

Our regular meetings of the District Utilization Coordinators Group provide opportunities to build research capacity and to network with health districts. This year, meeting themes focused on planning and implementing the evaluation process and integrated care.

We published and distributed *Getting Started with Integrated Care Pathways*, the latest in our "how-to" Getting Started series. This document was a collaborative effort, with a number of our stakeholders participating in its development.

Through the research column in our quarterly newsletter, we shared with readers information about evidence-based decision making, assessing economic evaluations, and setting priorities for resource allocations. These "primer" articles are also posted in the Research Tools section of our web site.

Providing opportunities to apply evidence at the system level

Knowledge transfer is still a relatively new field. Our knowledge transfer staff stay connected with their counterparts across the country, to ensure they stay abreast of the latest evidence on getting new knowledge put into practice. HSURC is represented on the board of the new Canadian Research Transfer Network and an affiliate agency to the Centre for Knowledge Transfer.

We have been working with representatives of other health organizations and associations to facilitate evidence-based decision making in optimal drug prescribing, and research and education around integrated care pathways.

Our knowledge transfer staff work closely with researchers and working group members on each HSURC research study, to help identify key system stakeholders and opportunities and challenges for implementation of recommendations.

The very successful "Caring for Health" health policy conference brought more than 250 researchers, policymakers, and practitioners to

Saskatoon in November. Participants discussed the issues and challenges posed by technological innovation, globalization, and shifting demographics. We helped organize this conference in collaboration with the University of Saskatchewan, Saskatchewan Association of Health Organizations, Saskatchewan Institute of Public Policy, Regionalization Research Centre, and the Saskatchewan Population Health and Evaluation Research Unit.

Regionalization Research Centre becomes independent

This was the sixth and final year of HSURC's participation in the national Networks of Centres of Excellence (NCE) research program called HEALNet (Health Evidence and Application Linkage Network). The NCE program is a partnership of Canadian universities, Industry Canada, and the federal research granting councils. HEALNet has received core funding from the Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council (SSHRC).

In 1995, HEALNet initially received a 3.5-year grant to embark on a project to identify methods and instruments to assist evidence-based decision making in health. Based at McMaster University, the project had components across Canada. In 1998, HEALNet developed a renewed strategic plan and its membership in the NCE program was extended, with funding confirmed to 2002.

The Regionalization Research Centre was established as part of the HEALNet program. It is a national organization of decision makers and researchers. Goals of the Centre are to promote the study of regionalization as an innovation and provide an avenue for Canadian regional health authorities (RHAs) to meet their research needs in relevant and helpful ways.

The Centre held its founding meeting in January 2001 in Saskatoon, at which time it established a governing board. The board includes researchers from universities and the Canadian Institute for Health Information (CIHI), and decision makers from regional health authorities in different parts of Canada. Board chair is Armand Boudreau, CEO of the Régie Régionale de la santé et des services sociaux d'Outaouais. Members are Steven Lewis, an independent consultant who is also with the University of Calgary; Jennifer Zelmer, of CIHI; Robert Bear, with Capital Health Authority in Alberta; Julia Abelson, of CHEPA at McMaster University; Pierre-Gerlier Forest, from Laval University; Ann Casebeer, with the University of Calgary; Ray Scott, CEO of the Inuvik Regional Health

and Social Services Board; Dora Nicinski, CEO of North Okanagan Health Region in British Columbia; Raymond Ewanchuk, of the Parkland District Health Board in Saskatchewan; Maura Davies, with Capital District Health Authority in Nova Scotia; and Doreen Neville of Memorial University in Newfoundland. Denise Kouri is the director of the Centre. The Centre also has a researcher, Kelly Chessie, and office manager, Barbara Crockford.

In 2001-2002, the Centre had 77 institutional members across Canada, most of which were regional health authorities, but also included provincial and territorial governments and research institutions.

At its October 2001 meeting, the Centre's board established strategic emphases for the Centre. General working principles include an emphasis on good quality and relevant research—including its dissemination and use—and an emphasis on interactivity between decision makers and researchers. The board is committed to being highly responsive to members. The research program emphasizes the performance of regionalization with a focus on policy, systems, and organizational models, at both governance and senior management levels. The Centre's education mandate is to build capacity among governors, managers, and researchers.

In 2001-02 the Centre focused on developing its resource centre. It improved its internet-accessible overview of regionalization structures in Canada, improved its database of regional health authorities, and added new items to its web site library of research materials and other documents. It launched a regular news clip service and an email-based discussion group on regionalization. The Centre also initiated a "practice diffusion" initiative that facilitates RHAs sharing their experiences and information about current practice.

During the past year, the Centre undertook a national survey on regionalization. A framework for evaluating regionalization was developed, to serve as a basis for future proposals. The Centre also continued its participation in a five-province study examining different methods health authorities can use to involve the public. The project, which is being led by researchers at McMaster and Laval universities, is funded by Canadian Health Services Research Foundation (CHSRF).

Centre staff regularly made presentations and provided commentary and information on regionalization and related topics. Requests came from different parts of the country and internationally. The Centre delivered workshops for boards of regional health authorities and others. It is now developing interactive computer-based tools on

topics related to resource allocation in health care.

In October 2001, the Centre's board decided to incorporate under a new name: The Canadian Centre for Analysis of Regionalization and Health/*Centre canadien d'analyse de la régionalisation et la santé* (CCARH/S). The formal incorporation will take place in 2002-03. The Centre developed a business plan and made funding appeals to federal and provincial governments and to private foundations.

In February 2002, the Centre held a national conference in Vancouver entitled *Regionalization in health care. What's really working?* The conference was successful on three important fronts: good research-based policy relevant information was presented and discussed; an important networking opportunity was created for decision makers and researchers from across Canada; and the Centre received enhanced national exposure and credibility.

Research Funding

Overview

The Commission's research funding mandate encompasses two broad areas of activity. One is offering financial support for health research done in universities and other agencies in Saskatchewan. We do this mainly through our annual research funding competitions. Our other key activity is stimulating and promoting health research within the province, which we pursue through various initiatives—often in partnership with other key players in the health and university environments (described later in this section).

Following our strategic planning of last year, we adjusted our mix of program offerings this year. The changes are intended to address the following priorities, which were identified by our research funding advisory committee and approved by our board:

- Continuing to play a developmental role, by helping Saskatchewan researchers obtain national-level funding;
- Continuing to help new faculty establish their health research programs;
- Contributing to advanced training through our research fellowships;
- Exploring ways to lever more national health research funding for Saskatchewan; and
- Targeting some support to research on priority health issues for Saskatchewan.

Within all of these areas, we define health research broadly as including basic bench science, clinical research, health services and health policy research, and research on the cultural, social and environmental determinants of health.

This year, we committed $1-million to our grants and awards programs (see Table 1). This amount was down slightly from the historical average of $1.3-million per year, largely because we moved forward the date of our research fellowship competition. We also committed $100,000 to a partnership supporting a university health research co-ordinator position, $100,000 to the Saskatchewan-Canadian Institutes of Health Research Regional Partnership Program (Sask-CIHR RPP), and $275,000 to a fund for the Saskatchewan Population Health and Evaluation Research Unit (SPHERU).

In addition, we continued to manage $900,000 in other provincial funds, including another $250,000 for SPHERU (from Saskatchewan Health) and $650,000 for the Sask-CIHR RPP (from Saskatchewan

Health and Saskatchewan Economic and Co-operative Development). Administrative costs for all these initiatives were about $120,000.

Competition categories

During the 2001-02 fiscal year, we invited applications in the categories outlined below. The *HSURC Awards Guide*, published annually in December, describes fully all competition categories and related policies, including eligibility criteria and submission requirements. Our web site carries the guide, with all competition materials, and informs our audiences about changes during the year.

Biomedical Establishment Grants are intended to help new biomedical researchers establish their research careers in Saskatchewan. Successful applicants receive up to $35,000 per year for a maximum of two years.

Socio-Health Research Grants (Establishment and Operating) are available to researchers in Saskatchewan doing social science research related to health. The grants provide a maximum of $35,000 per year for up to two years.

Socio-Health Research Development Grants help researchers develop study elements essential to the preparation of a subsequent, full-scale health research project. New researchers and those establishing a new research focus are eligible. The one-year awards offer a maximum of $5,000.

Research Fellowships:
(no competition in 2001-02 because of a change in the application deadline)

Postdoctoral Fellowships are available to individuals with a doctorate degree who want to develop their research skills through a period of independent, full-time investigation, and to equip themselves for a career in health research. The award includes a salary stipend of $35,000 per year for up to two years and an annual research allowance of $1,750.

Clinical Research Fellowships are intended for individuals with professional degrees in a human health area who wish to pursue a career as a clinician researcher in Saskatchewan. Award holders may undertake graduate research training during the fellowship. The award includes a salary stipend for up to two years and an annual research allowance of $1,750. There are two levels of stipend: a base level of $35,000 per year, and a second level of $45,000 per year for more experienced individuals.

Establishment Equipment Grants allow new researchers to acquire major equipment essential to establishing their research programs. Only Establishment Grant applicants

are eligible to apply for these awards, which offer a one-time maximum of $30,000.

Conference Grants of up to $5,000 are available to support conferences and meetings related to the development of health research in Saskatchewan.

Strategic Development Grants support teams led by Saskatchewan university faculty members preparing to submit a full proposal to a national strategic grant initiative, such as those offered periodically by the Canadian Institutes of Health Research. Work supported must be collaborative and multi-disciplinary. The one-year grants offer a maximum of $30,000.

Partnership Grants supplement grants obtained in a national strategic initiative that develop Saskatchewan's health research capacity and that require local financial support. HSURC makes decisions on a case-by-case basis in advance of the national application. Approval depends on obtaining the national peer-reviewed grant. The HSURC grant amount varies, depending on the initiative and available funds.

Focus on the Future Grants provide supplemental funding for graduate student support to Saskatchewan university faculty who succeed in obtaining a major national strategic, program, or group grant for health research. The grants, which must receive HSURC's initial approval before the national deadline, provide a maximum of $40,000 per year for up to three years.

Review process

All eligible grant and award applications are reviewed by committees of expert peers. Review committee chairs and members are generally drawn from the Saskatchewan research and health care community. The Commission is extremely grateful to its review committee members, who generously provide their expertise on a volunteer basis for three-year terms. Without them we could not operate our adjudication processes, which are the foundation of our granting program. During 2001-02, we had three review committees: the Biomedical, Socio-Health, and Strategic Development Review Committees. Committee members are listed in Appendix 3.

All major research grant applications are also reviewed by two out-of-province experts. These external reviews form an essential part of our review committees' deliberations. Review criteria include scientific merit, importance to the field of study, feasibility, and relevance to health. Committee members adjudicate and rank applications and, based on those results, recommend worthy applications to the Commission. Final approval by HSURC's board depends on resources

available to the Commission and program budget allocations.

Ensuring accountability

We have established a number of mechanisms to ensure the public receives the best possible value for its investment in health research. The Commission assesses all grant applications on the basis of rigorous peer review, strict rules and eligibility criteria, and ethical guidelines. All successful applicants must submit interim and final reports, and HSURC tracks grant recipients' subsequent research successes (e.g., publications and further grant funding). We review our grant programs periodically to ensure they continue to meet our goals for health research development in Saskatchewan. We also monitor research trends and the activities of other provincial and national research funding agencies.

Profile of the twenty-second competition (2001-02)

The Commission approved grants totaling $1-million this year. Table 1 shows the number of applications received, the number recommended for funding by the peer-review committees, and the number approved. Appendix 4 lists all successful applicants and their research topics.

We received only 10 applications for Biomedical Establishment grants, well below our five-year average of 14. This was likely a reflection of the lull in new faculty recruitment over the last few years. We approved six Establishment grants – three of which included Equipment grants – for a total of $487,995. This investment went to support faculty beginning their research careers and studying a wide variety of topics, including reproductive biology, genetics, flaxseed lignans, bacterial virulence, sleep and health in cystic fibrosis, and enzyme functioning.

There were 18 applications for Socio-Health grants, about the same number we received in the previous year. We approved 10 projects, as recommended by the review committee, for a total of $337,078. These included two Establishment grants, three Research Development grants, and five Operating grants. Topics under study include the social and environmental determinants of health, seniors' perspectives on health, community and family effects on children's health, improving PSA testing procedures, sexual health and HIV/AIDS among First Nations people, a link between diabetes and tuberculosis, and body image among adolescent girls. The approved amount is substantially higher than last year and also greater than the five-year average of $240,000. Since the number of applications remained virtually the same, this increase

reflects improved quality in the applications we received.

The application deadline for Research Fellowships was moved from December 1 to March 15, which means the next round of fellowships will be approved in 2002-03. We look forward to a continuation of the strong competition for fellowships we have seen in the last few years.

We added three new types of grants this year: Strategic Development grants, Focus on the Future grants, and Partnership grants. Although we announced these well into the fiscal year, there was some activity in all of them and we look forward to additional growth next year. Of the six Strategic Development grant applications received, we approved three, for a total of $87,697. These multi-disciplinary team grants are for research in the areas of reproductive biology, leukemia research, and health care decision making.

Two Focus on the Future grant applications were processed and one approved, for a total of $96,615 over three years; this grant will support graduate students working on a study to evaluate health service delivery to aboriginal people in northern Saskatchewan. It supplements a CIHR Strategic grant in the area of improving health services for marginalized groups.

Finally, two Partnership grants went to develop capacity in health services and population health research at the University of Saskatchewan and the University of Regina; they match special one-time Institutional Development grants from CIHR.

Partnership initiatives

Regional Partnership Program

This was the third year for the Saskatchewan-Canadian Institutes of Health Research Regional Partnership Program (Sask-CIHR RPP). Started in May 1999, the five-year program aims to reverse the sharp decline in federal health research funds Saskatchewan received in the 1990s. The provincial government and CIHR are each committed to investing $5-million toward this $10-million program. Provincial matching funds are provided by HSURC, Saskatchewan Health, and Saskatchewan Economic and Co-operative Development. HSURC manages and disburses the provincial funds, as directed by a local advisory committee comprising representatives of the funding partners and the province's two universities.

Applications that meet standards of scientific merit but are not supported by CIHR's regular funding pool are eligible for RPP support.

Saskatchewan's advisory committee decides which of these applications meet local criteria designed to ensure the program plays a developmental role in increasing health research

capacity in the province. Priority is placed on Faculty Salary awards and Research Operating grants. The salary awards help retain professionals and ensure a foundation on which to build research capacity. The operating grants enable researchers without other CIHR funding to establish or maintain their research programs.

In 2001-02, the committee approved 13 new grants and awards, including four Faculty Salary awards, seven Operating grants, and two Equipment grants. Table 2 shows these new commitments, which total $2.4-million. Added to decisions in the previous two years, they bring total commitments for the five-year program to $7-million.

The Sask-CIHR RPP is having a positive impact on health research capacity in the province. The decline of the 1990s has slowed and is leveling off. Researchers are more optimistic and more inclined to apply, knowing there is a greater chance of being funded. As well, other factors have combined to help turn Saskatchewan's fortunes at CIHR around even further (see next section below). A mid-term evaluation of the program's impact is planned for next year.

University Co-ordinator of Health Research

As part of a five-year partnership, the Commission provides $100,000 annually and the University of Saskatchewan (U of S), $50,000, to fund a university co-ordinator of health research and office support. Dr. Bruce Waygood took the position in July 2000.

Although housed within the office of the Vice-President Research at the U of S, Waygood works with an advisory committee comprising health research stakeholders across the province and plays a provincial role that includes:

- working with the University of Regina (U of R) to share information about health research funding opportunities and help foster collaboration on that campus and with other researchers in the province;
- informing researchers of health research funding opportunities;
- encouraging applications to CIHR and other national agencies;
- promoting collaborations among researchers from a broad range of health-related areas;
- lobbying the provincial and federal governments to ensure adequate support for health research in Saskatchewan; and,
- playing a lead role in developing Saskatchewan's response to CIHR initiatives.

A top priority for Waygood was establishing an internal pre-review process for all CIHR applications and encouraging more faculty members to apply for national grant support. He was successful on both fronts: the number of CIHR

applications from Saskatchewan doubled in the September 2001 operating grant competition, and of our 50-plus applications, 12 were funded (25%), a significant increase over the usual three or four funded applications. These constituted 2.3 per cent of CIHR's funding in that round, up sharply from the low of 0.5 per cent to which Saskatchewan had fallen in earlier competitions. This is a phenomenal turn-around and we are hopeful that it can be maintained.

SPHERU

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is a strategic initiative of HSURC, Saskatchewan Health, the U of S, the U of R, and the Saskatchewan Association of Health Organizations (SAHO). The partners' vision is to develop a centre of excellence that builds capacity in this vital and growing area of research and benefits the health of the Saskatchewan people. All partners are represented on SPHERU's board.

Core financial support for SPHERU comes from Saskatchewan Health and HSURC, with additional funding to be secured via the regional partnership program described above and other research grants and contracts. We manage the core funds and disburse them to the U of S and U of R for SPHERU faculty salaries and office support. The amount transferred this year was $595,000.

SPHERU has come a long way since the idea for the unit was originally conceived in mid-1990s and its incorporation in 1999 under *The Non-profit Corporations Act (1995)*. Under the direction of Dr. Ronald Labonte, SPHERU has grown to become an active and productive two-university unit, including six faculty members, one research fellow, graduate students, contract researchers, two administrative support staff, and many research associates both within and outside Saskatchewan. A multi-sectoral board, led by Dr. Ralph Nilson, guides the work of SPHERU.

With offices at both the U of S and the U of R, SPHERU strives to undertake top-calibre policy-relevant, collaborative research in the following theme areas:

- economic and environmental globalism, governance, and health;
- community/environment as a health determinant;
- multiple roles, gender, and health;
- determinants of early childhood development; and,
- determinants of aboriginal health.

This year SPHERU developed and launched its own web site (www.spheru.ca) that provides full details about its history, staff, operations, achievements, and directions.

Directions for 2002-2003

As we head into 2002-03, the Commission faces major restructuring. The province's *Action Plan for Saskatchewan Health Care*, announced in December 2001, will bring changes for the health research environment. An increase of $2-million in funding for research signals the beginning of future gradual increases. To take on this broadened role and manage most of the province's health research funding, a new agency is required.

We have been working closely with Saskatchewan Health on the scope and mandate of a possible new research funding agency. As part of that process, we have consulted with and received valuable advice from our research funding advisory committee. They encouraged a continuation of the foundation programs we now have to support research startup and training and to build national funding success among Saskatchewan researchers. The committee recommended new programming that would help recruit and retain researchers and health professionals and that would use our province's limited resources as strategically as possible to build health research capacity.

This growth in health research funding and the creation of a new body to guide health research development are welcome news. After many years of lobbying for increased support, HSURC and the health research community are pleased to see a new, stronger future unfolding for health research in Saskatchewan.

The changes will bring a larger and stronger agency to stimulate health research in Saskatchewan and to interact with our counterpart agencies in other provinces and nationally. They will help Saskatchewan develop and grow priority areas of health research and ensure we continue to build and enhance health research capacity here. An agency focused on stimulating health research will have the capacity and resources to promote health research with the public and other stakeholders and to build partnerships that expand the resources available to support health research in Saskatchewan.

We know that provinces offering strong funding support for their health researchers see many benefits, including top-quality health care, good system planning and management, ability to attract and retain researchers and specialists, strong education for health professionals, and economic spinoffs such as the creation of highly skilled jobs. In our final months as HSURC and in any future role we play through a new funding agency, we are committed to supporting, stimulating, and promoting health research in Saskatchewan.

Table 1
Summary of Eligible Applications Received, Recommended, and Approved
Competition 22 (2001-02)

Grant Category	Received		Recommended		Approved	
	No.	$	No.	$	No.	$
Biomedical						
Establishment	10	$618,076	7	$454,767	6	$419,767
Equipment	5	98,136	4	78,228	3	68,228
SUBTOTAL	15	$716,212	11	$532,995	9	$487,995
Socio-Health						
Establishment	4	$254,085	2	$100,291	2	$100,291
Operating	7	333,728	5	222,000	5	222,000
Development	6	29,787	3	14,787	3	14,787
Equipment	1	2,735	0	0	0	0
SUBTOTAL	18	$620,335	10	$337,078	10	$337,078
Research Fellowships*	0					
Opportunities						
Focus on the Future	2	$216,615	1	$96,615	1	$96,615
Partnership	2	60,000	2	60,000	2	60,000
SUBTOTAL	4	$276,615	3	$156,615	3	$156,615
Strategic Development	6	$177,697	3	$87,697	3	$87,697
Conference	4	$20,000	0	0	0	0
TOTAL	47	$1,810,859	27	$1,114,385	25	$1,069,385

* There was no fellowship competition in 2001-02 due to a change in the application deadline.

Table 2
Summary of Grants and Awards Approved,*
Saskatchewan - Canadian Institutes of Health Research (CIHR)
Regional Partnership Program, 2001-02
(Year Three of a Five-Year Program)

Type	Length	Number Approved **		Approved Funding ($) **	
		Previous Years	Current Year	Previous Years	Current Year
Faculty Salary Awards	5 years	6	4	1,870,000	1,430,000
Operating Grants	2 years	21	7	2,622,820	978,726
Equipment Grants	1 year	9	2	89,042	50,600
TOTAL	–	36	13	4,581,862	2,459,326

* A list of approved grants and awards is available upon request.
** Approved amounts include both the CIHR and Saskatchewan contributions, matching 1:1.

Appendices

Appendix 1

Commissioners April 1/01 - March 31/02

Elizabeth Harrison (Chair)
Director, School of Physical Therapy
University of Saskatchewan
Saskatoon, SK

Gordon Asmundson
Director, Clinical Research and Development
Regina Health District
Regina, SK

Dan de Vlieger
Professor, Dept. of Political Science
University of Regina
Regina, SK

Irene Denis
Chief Executive Officer
Northwest Health District
Meadow Lake, SK

Marianne Hodgson
Managing Consultant
Hodgson Consulting
Regina, SK
(until June 30, 2001)

James Irvine
Medical Health Officer
Northern Health Districts
La Ronge, SK

Gordon Johnson
Professor Emeritus
Dept. of Pharmacology
University of Saskatchewan
Saskatoon, SK

Barry Maber (Vice-chair)
Physician Vice-President
Saskatoon District Health
Saskatoon, SK

Robert McCulloch
Associate Vice-President, Academic
University of Regina
Regina, SK

Jean Morrison
Vice-President, Nursing
Saskatoon District Health
Saskatoon, SK

Jeff Taylor
Associate Professor
College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

Rob Weiler
Anaesthetist
Saskatoon, SK

Appendix 2

Study Working Groups

Preventive Home Care Follow-up

Irene Denis (Chair)
Chief Executive Officer
Northwest Health District
Meadow Lake, SK
HSURC Board Member

Betsy Bury
Consumer
Saskatoon, SK

Sherril Carlson
Territory Manager of North
Battlefords Territory Operations
Saskatchewan Housing Corporation
North Battleford, SK

Bev Dougan
Community Care Manager
Parkland Health District
Spiritwood, SK

Val Hunko
Home Care Manager - East Team
Regina Health District
Regina, SK

Jane McMurtry
Director of Community Based
Services
South East Health District
Estevan, SK

Chantile Shannon
Manager, Program and Tenant
Services Development
Saskatchewan Housing Corporation
Regina, SK

Rae Sveinbjornson
Home Care Manager
Midwest Health District
Outlook, SK

Lynne Zadorozny
Director of Community Health
Moose Jaw-Thunder Creek Health
District
Moose Jaw, SK

Clinical Practice Guidelines - Evaluation

Stewart McMillan (Chair)
Family Physician
Regina, SK

Peter Barrett
Urology
Saskatoon, SK

Donald Cockcroft
Respirology
Saskatoon, SK

Anne Doig
Family Physician
Saskatoon, SK

George Garbe
Cardiology
Regina, SK

Dennis Kendel
Registrar
College of Physicians and Surgeons
of Saskatchewan

Louis Poulin
Family Physician
Prince Albert, SK

Roger Turnell
Obstetrics/Gynaecology
Saskatoon, SK

Robert Weiler
Anaesthesia
Saskatoon, SK
HSURC Board Member

Emergency Services

Jean Morrison (Chair)
Vice President, Nursing
Saskatoon District Health
Saskatoon, SK
HSURC Board Member

Barb Biliske
Director of Community Services
Mamawetan-Churchill River
Health District
La Ronge, SK

Jim Cross
Emergency Services Consultant
Saskatchewan Health
Christopher Lake, SK

Coral Dale
RM Administrator
RM of Snipe Lake #259
Eston, SK

Dale Dewar
Coordinator, Rural Family Medicine
Program and
Family Physician
Wynyard, SK

Murray Goeres
Director of Facilities
Moose Mountain Health District
Wawota, SK

Ian Larocque
General Manager
Humboldt Ambulance
Humboldt, SK

Kay McCuaig
Program Coordinator-Southline area
Southwest Health District
Eastend, SK

Cliff Orriss
Human Resources Manager
Northwest Health District
Meadow Lake, SK

Glen Perchie
Director
Emergency Medical Services
Regina Health District
Regina, SK

Randolph ven der Buhs
First Response Coordinator
St. Brieux, SK

Adrienne Wendt
Emergency Services Coordinator
Midwest Health District
Rosetown, SK

Hip Fracture

Robert McCulloch (Chair)
Associate VP - Academic
University of Regina
Regina, SK
HSURC Board Member

Cathy Arnold
Professor, School of Physical Therapy
University of Saskatchewan
Saskatoon, SK

Isabel Colvin
Saskatchewan Seniors Mechanism
Regina, SK

Sharon DeSantis
Director of Health Services
Northeast Health District
Nipawin, SK

Edyta Dudzic
Medical Department Head
Nuclear Medicine
Royal University Hospital
Saskatoon, SK

Curtis Loucks
Pharmacist
Yorkton, SK

Dawn McNeil
Director of Home Care
Regina Health District
Regina, SK

Wojciech Olszynski
Rheumatologist
Saskatoon, SK

Jack Reilly
Orthopedic Surgeon
Saskatoon, SK

Peggy Tysdal
Family Physician
Moose Jaw, SK

Ashok Verma
Radiologist
Regina, SK

Susan Whiting
Assistant Dean, College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

Mental Health

James Irvine (Chair)
Medical Health Officer
Northern Health Districts
LaRonge, SK
HSURC Board Member

Roger Bitschy
Community Mental Health Nurse
Parkland Health District
Spiritwood, SK

Leslie Christianson
Coordinated Behaviour Management
North Central Health District
Melfort, SK

Greg Drummond
Director of Mental Health Services
Saskatoon District Health
Saskatoon, SK

Dave Galloway
Director of Planning, Development, and Evaluation
South East Health District
Estevan, SK

Moira Gautron
Director of Mental Health Services
Battlefords Health District
North Battleford, SK

Nikki Gerrard
Psychologist
Adult Community Mental Health Services
Saskatoon District Health
Saskatoon, SK

Roxanne Inch
Researcher
Saskatoon District Health
Saskatoon, SK

Doug Jurgens
Psychologist and Director
Child and Youth Services
Mental Health Centre
Prince Albert, SK

David Keegan
Psychiatrist and Acting Head of Psychiatry
Saskatoon District Health
Saskatoon, SK

Joseph Michel
General Practitioner
Regina, SK

Shirley Skelton
Schizophrenia Society
Saskatoon, SK

Beth Vachon
Community Services Director
Swift Current Health District
Swift Current, SK

Appendix 3

Grants and Awards Review Committees

Biomedical Review Committee

Gordon Asmundson (Chair) (1)
Clinical Research and Development
Regina Health District
Regina, SK

Andy Allen (2)
Veterinary Pathology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Philip Chilibeck (1)
College of Kinesiology
University of Saskatchewan
Saskatoon, SK

Tanya Dahms (1)
Chemistry and Biochemistry
Faculty of Science
University of Regina
Regina, SK

John DeCoteau (1)
Pathology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Eleanor Fernandez (1)
Oral Biology
College of Dentistry
University of Saskatchewan
Saskatoon, SK

Andrew Gloster (1)
Anatomy and Cell Biology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Henry Tabel (2)
Veterinary Microbiology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Jerry Yager (3)
Pediatrics
College of Medicine
University of Saskatchewan
Saskatoon, SK

Figures in parentheses indicate number of years served, including current competition.

Socio-Health Review Committee

Liz Harrison (Chair) (1)
School of Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

James Dosman (1)
Institute of Agricultural Rural and
Environmental Health
College of Medicine
University of Saskatchewan
Saskatoon, SK

Kathryn Green (2)
Community Health and Epidemiology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Pamela Hawranik (2)
Faculty of Nursing
University of Manitoba
Winnipeg, MB

Bob Hilsden (3)
Community Health Sciences
Faculty of Medicine
University of Calgary
Calgary, AB

Lisa Lix (1)
Acute and Emergency Services
Saskatchewan Health
Regina, SK

Richard MacLennan (1)
Psychology
Faculty of Arts
University of Regina
Regina, SK

Muriel Montbriand (3)
Psychiatry
College of Medicine
University of Saskatchewan
Saskatoon, SK

Lorrie Sippola (2)
Psychology
College of Arts and Science
University of Saskatchewan
Saskatoon, SK

Figures in parentheses indicate number of years served, including current competition.

Strategic Development Review Committee

Liz Harrison (Chair) (1)
School of Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

Katherine Bergman (1)
Faculty of Science
University of Regina
Regina, SK

Gary Glavin (1)
National Microbiology Laboratory
Winnipeg, MB

Jim Randall (1)
Geography
College of Arts and Science
University of Saskatchewan
Saskatoon, SK

Bill Roesler (1)
Biochemistry
College of Medicine
University of Saskatchewan
Saskatoon, SK

Figures in parentheses indicate number of years served, including current competition.

Research Funding Advisory Committee

Liz Harrison (Chair)
School of Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

Gordon Asmundson
Clinical Research & Development
Regina Health District
Regina, SK

Patricia Blakley
Pediatrics
College of Medicine
University of Saskatchewan
Saskatoon, SK

Keith Denford
Faculty of Science
University of Regina
Regina, SK

Dan de Vlieger
Political Science
Faculty of Arts
University of Regina
Regina, SK

Thomas Hadjistavropoulos
Psychology
Faculty of Arts
University of Regina
Regina, SK

Barry McLennan
Office of the Dean
College of Medicine
University of Saskatchewan
Saskatoon, SK

Lorrie Sippola
Psychology
College of Arts and Science
University of Saskatchewan
Saskatoon, SK

Valerie Verge
Anatomy and Cell Biology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Bruce Waygood
Biochemistry
College of Medicine
University of Saskatchewan
Saskatoon, SK

Jerry Yager
Pediatrics
College of Medicine
University of Saskatchewan
Saskatoon, SK

Appendix 4
Awards Granted
Competition 22 (2001 – 2002)

Research Fellowships

There was no fellowship competition in 2001-02 due to a change in the application deadline.

Biomedical Establishment Grants

Troy Harkness	35,000	01-02
Anatomy and Cell Biology, Medicine, University of Saskatchewan	35,000	02-03
The role of ubiquitin-dependent processes in chromatin assembly		
Edward Krol	35,000	01-02
Pharmacy and Nutrition, University of Saskatchewan	35,000	02-03
Chemopreventive properties of flaxseed lignans		
Adel Mohamed	34,986	01-02
Anatomy and Cell Biology, Medicine, University of Saskatchewan	34,986	02-03
Amelioration of experimental allergic encephalomyelitis through phase ii enzyme induction		
Scott Napper	35,000	01-02
Biochemistry, Medicine, University of Saskatchewan	35,000	02-03
Catalyzed ring formation as mechanism of response regulator autophosphatase activity		
Jaswant Singh	34,908	01-02
Biomedical Sciences, Veterinary Medicine, University of Saskatchewan	34,908	02-03
In Vivo markers of oocyte competence		
Robert Skomoro	35,000	01-02
Respirology, Medicine, University of Saskatchewan	34,979	02-03
Assessment of the effect of BI-PAP therapy on a number of physiological outcomes in patients with cystic fibrosis		

Biomedical Equipment Grants

Edward Krol	30,000	01-02
Pharmacy and Nutrition, University of Saskatchewan		
Diod-array, ultraviolet visible spectrophotometer (UV-Vis) system		

Scott Napper 13,728 01-02
Biochemistry, Medicine, University of Saskatchewan
Perfusion chromatography equipment

Jaswant Singh 24,500 01-02
Biomedical Sciences, Veterinary Medicine, University of Saskatchewan
Endo-vaginal ultrasound transducer, computer, C02 incubator

Socio-Health Operating Grants

Carl D'Arcy 33,868 01-02
Applied Research, Psychiatry, Medicine, University of Saskatchewan 31,769 02-03
Happy or Blue? Prevalence and social determinants of emotional well-being in SK: An analysis of data from the SK population health and dynamics survey

Roland Dyck/Vernon Hoeppner 22,900 01-02
Medicine, Medicine, University of Saskatchewan 18,793 02-03
The relationship between diabetes mellitus and tuberculosis among Saskatchewan aboriginal and non-aboriginal people

Muriel Montbriand 25,231 01-02
Applied Research, Psychiatry, Medicine, University of Saskatchewan 4,084 02-03
Life history and illness connections: Seniors' perspectives

Nazeem Muhajarine 34,978 01-02
Community Health and Epidemiology, Medicine, University of Saskatchewan, and Saskatchewan Population Health and Evaluation Research Unit 34,877 02-03
Community and family characteristics, income dynamics and childhood outcomes: Researching across the boundaries

Jon Tonita 15,500 01-02
Program Evaluation and Surveillance, Saskatchewan Cancer Agency
Impact of determining the free PSA ratio using reflex testing in Saskatchewan

Socio-Health Establishment Grants

Donna Goodwin 21,256 01-02
Kinesiology, University of Saskatchewan 22,671 02-03
Trying on different roles: the meaning of physical well-being in disability identity development

Kent Kowalski 30,182 01-02
Kinesiology, University of Saskatchewan 26,182 02-03
Coping with social physique anxiety in female adolescents

Socio-Health Development Grants

Mary Hampton 5,000 01-02
Psychology, Luther College, University of Regina
Strengthening the community's capacity to deliver sexual health and wellness to First Nations youth in Regina

Michael MacLean 4,800 01-02
Social Work, University of Regina
HIV/AIDS and aging

Allison Williams 4,987 01-02
Geography, Arts and Sciences, University of Saskatchewan, and Saskatchewan Population Health and Evaluation Research Unit,
Environment, community and health

Strategic Development Grants

John DeCoteau 29,665 01-02
Pathology, Medicine, University of Saskatchewan
With: K. Bonham, T. Kusalik, R. van der Jagt, W. Xiao, D. Sheridan
Genomic-scale RNA expression profiling in human acute myeloid leukemia (AML)

David Malloy 28,322 01-02
Kinesiology and Health Studies, University of Regina
With: T. Hadjistavropoulos, B. Hillis, B. Krishnan, J. Muthalagan
Culture, moral development, philosophy, and religion: A cross-cultural study of health care decision-making

Norman Rawlings 29,710 01-02
Biomedical Sciences, Veterinary Medicine, University of Saskatchewan
With: R. Pierson, P.J. Chedrese, P. Bartlewski
Development of an ovine model for the study of ovarian and endocrine function in women

Focus on the Future Grants

Bonnie Jeffery 32,528 01-02
Social Work, University of Regina, 32,528 02-03
and Saskatchewan Population Health and Evaluation Research Unit 31,559 03-04
With: S. Abonyi, A. Williams, N. Muhajarine, R. Labonte,
G. Bell-Woodard, G. Maslany, M. McCubbin, and S. Avison
Matching for $180,000 CIHR Strategic Grant:
First Nation's Health Development: Tools for assessment of health and social services program impacts on community wellness and capacity

Partnership Grants

Allan Cahoon 30,000 01-02
University of Regina
Matching for $100,000 CIHR Institutional Development Grant:
Developing health research at the University of Regina

Bruce Waygood 30,000 01-02
University of Saskatchewan
Matching for $100,000 CIHR Institutional Development Grant:
Building socio-economic research at the University of Saskatchewan

Appendix 5
Report of Management

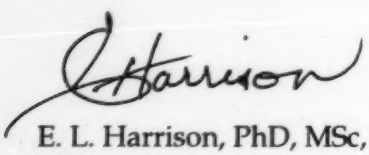
Management is responsible for the integrity of the financial information reported by the Health Services Utilization and Research Commission. Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with generally accepted accounting principles which are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by the Commission includes an appropriate system of internal controls to provide reasonable assurance that:

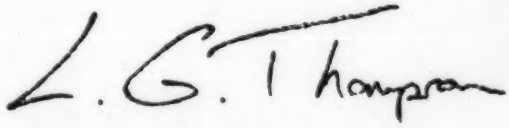
- transactions are authorized;
- the assets of the Commission are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, the members of the Commission discuss audit and financial reporting matters with representatives of management at regular meetings. The Commission members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the Commission's balance sheet and statements of revenue, expenditure and changes in fund balance and the statement of cash flows. His responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's report outlines the scope of his audit and his opinion.



E. L. Harrison, PhD, MSc, BPT
Chair



Laurence Thompson
Chief Executive Officer

Saskatoon, Saskatchewan
May 17, 2002

Appendix 6
Financial Statements and Auditor's Report

Health Services Utilization
and Research Commission
For the year ended March 31, 2002

Provincial Auditor Saskatchewan

1500 Chateau Tower
1920 Broad Street
Regina, Saskatchewan
S4P 3V7

Phone: (306) 787-6398
Fax: (306) 787-6383
Internet e-mail: info@auditor.sk.ca

AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the balance sheet of the Health Services Utilization and Research Commission as at March 31, 2002 and the statements of revenue, expenses and changes in fund balance and cash flows for the year then ended. The Commission's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Health Services Utilization and Research Commission as at March 31, 2002 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
May 17, 2002

Fred Wendel, CMA, CA
Provincial Auditor

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
BALANCE SHEET
As at March 31

	2002					2001
	Operating Fund	Regionalization Research Centre (Note 9)	SPHERU (Note 10)	Regional Partnership Program (Note 11)	Total	Total
ASSETS						
Current assets:						
Cash	$ ---	$ 150	$ ---	$ ---	$ 150	$ 219,718
Accrued Interest receivable	4,080	---	---	---	4,080	4,641
Accounts receivable	10,135	9,546	---	---	19,681	18,274
Short-term investments (Note 2(e) and 3)	1,098,563	116,375	450,000	250,000	1,914,938	1,481,153
Prepaid expenses	2,593	---	---	---	2,593	1,038
	1,115,371	126,071	450,000	250,000	1,941,442	1,724,824
Long-term investments (Note 2(e) and 3)	3,991,103	---	725,426	34,116	4,750,645	5,174,856
Capital assets (Note 2(c) and 5)	57,636	6,347	---	---	63,983	80,327
Total assets	$5,164,110	$ 132,418	$ 1,175,426	$ 284,116	$ 6,756,070	$ 6,980,007
LIABILITIES & FUND BALANCE						
Liabilities:						
Bank Debt	$ 2,094	$ ---	$ ---	$ ---	$ 2,094	$ ---
Accounts payable	42,067	16,233	---	---	58,300	18,418
Payroll liabilities	---	---	---	---	---	561
Grants payable	646,756	---	---	---	646,756	412,442
Total liabilities	690,917	16,233	---	---	707,150	431,421
Fund balances:						
Externally restricted	---	116,185	---	---	116,185	724,076
Internally restricted	---	---	1,175,426	284,116	1,459,542	1,204,322
Unrestricted	4,473,193	---	---	---	4,473,193	4,620,188
Fund balances (Statement 2)	4,473,193	116,185	1,175,426	284,116	6,048,920	6,548,586
Commitments (Note 12)						
Total liabilities & fund balance	$5,164,110	$ 132,418	$ 1,175,426	$ 284,116	$ 6,756,070	$ 6,980,007

(See accompanying notes to the financial statements)

Statement 2

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF REVENUE, EXPENSES AND CHANGES IN FUND BALANCE
For the Year Ended March 31

	2002						2001
	Operating Fund		Regionalization Research Centre	SPHERU	Regional Partnership Program	Total	Total
	Budget (Note 8)	Actual	(Note 9)	(Note 10)	(Note 11)		
Revenue:							
Saskatchewan Health General Revenue Fund	$ 2,508,000	$ 2,508,000	$ ---	$ 250,000	$ 400,000	$ 3,158,000	$ 2,958,000
SK Economic Co-operative Development	---	---	---	---	250,000	250,000	250,000
Federal Government							
CIHR	---	---	---	---	---	---	39,140
Health Transition Fund	---	---	---	---	---	---	7,953
HealNet Research Project	---	---	291,795	---	---	291,795	239,852
CHSRF(Note 9(b))	---	---	7,000	---	---	7,000	15,750
SRNA Project	---	20,000	---	---	---	20,000	---
Conference Registrations	---	---	47,560	---	---	47,560	---
RRC Memberships	---	---	5,240	---	---	5,240	---
Recoveries	---	21,182	---	---	---	21,182	15,751
Interest	278,778	349,906	---	25,000	---	374,906	418,479
Gain on disposal of capital assets	---	200	---	---	---	200	25
Miscellaneous	---	5,463	12,074	---	---	17,537	1,645
Total revenue	2,786,778	2,904,751	363,669	275,000	650,000	4,193,420	3,946,595
Expenses:							
Student grants	---	---	14,542	---	---	14,542	29,300
Research grants	1,606,956	1,679,272	---	626,433	1,016,070	3,321,775	2,639,660
Wages and benefits	887,529	764,389	202,768	---	---	967,157	917,419
Administrative and operating expenses	447,892	189,055	113,034	---	---	302,089	252,443
Honoraria and expenses of the board and committees	57,355	22,680	7,324	---	---	30,004	25,328
Amortization expense	---	23,241	3,637	---	---	26,878	34,329
Rent	28,328	26,475	3,112	---	---	29,587	29,587
Loss on disposal of capital assets	---	956	98	---	---	1,054	---
Total expenses	3,028,060	2,706,068	344,515	626,433	1,016,070	4,693,086	3,928,066
Excess (deficiency) of revenue over expenses	$ (241,282)	198,683	19,154	(351,433)	(366,070)	(499,666)	18,529
Fund balance, beginning of year		4,624,510	97,031	1,276,859	550,186	6,548,586	6,530,057
Transfer between funds (Note 10 and 11)		(350,000)	---	250,000	100,000	---	---
Fund balance, end of year (Statement 1)		$ 4,473,193	$ 116,185	$ 1,175,426	$ 284,116	$ 6,048,920	$ 6,548,586

(See accompanying notes to the financial statements)

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund	Regionalization Research Centre (Note 9)	SPHERU (Note 10)	Regional Partnership Program (Note 11)	Total 2002	Total 2001
Cash provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenses (Statement 2)	$ 198,683	$ 19,154	$ (351,433)	$ (366,070)	$ (499,666)	$ 18,529
Non-cash items:						
Amortization expense	23,241	3,637	---	---	26,878	34,329
(Gain) loss on disposal of capital assets	756	98	---	---	854	(25)
Net Changes in non-cash working capital (Note 4)	267,887	3,346	---	---	271,233	(287,911)
	490,567	26,235	(351,433)	(366,070)	(200,701)	(235,078)
Investment activities:						
Decrease (increase) in short-term investments	(407,874)	(25,910)	---	---	(433,784)	1,415,535
Decrease (increase) in long-term investments	56,708	---	101,433	266,070	424,211	(1,062,786)
Purchases of capital assets	(11,263)	(325)	---	---	(11,588)	(13,147)
Proceeds from disposal of capital assets	200	---	---	---	200	25
	(362,229)	(26,235)	101,433	266,070	(20,961)	339,627
Net increase (decrease) in cash	128,338	---	(250,000)	(100,000)	(221,662)	104,549
Cash, beginning of year	219,568	150	---	---	219,718	115,169
Transfers between funds (Note 10 and 11)	(350,000)	---	250,000	100,000	---	---
Cash, end of year	$ (2,094)	$ 150	$ ---	$ ---	$ (1,944)	$ 219,718

(See accompanying notes to the financial statements)

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2002

1. Establishment of the Commission

Order in Council 165/92 established the Health Services Utilization and Research Commission (HSURC) as a Crown corporation on February 20, 1992. The Commission has been continued pursuant to *The Health Services Utilization and Research Commission Act*. The Commission reviews, analyzes and makes recommendations as to the most effective utilization of health services in Saskatchewan and provides research funding.

2. Accounting Policies

The Health Services Utilization and Research Commission maintains its accounts using Canadian generally accepted accounting principles including the following significant accounting policies:

a) Fund Accounting

The accounts of the Commission are maintained in accordance with the principles of restricted fund accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following funds:

i) Operating Fund

The operating fund reflects the primary operations of the Board including Saskatchewan Health - General Revenue Fund revenues received to provide research funding to various researchers and to conduct in-house utilization research. Other revenue consists of funding from the Saskatchewan Registered Nurses' Association for a Quality Workplace Program Pilot Project, recoveries, interest and miscellaneous revenue. Expenses consist of the research grants awarded, cost of in-house utilization research and administrative costs.

ii) Restricted Fund – Regionalization Research Centre

The Regionalization Research Centre Fund reflects revenue received from the Networks of Centres of Excellence Program (Federal Government), the Canadian Health Services Research Foundation (CHSRF), conference registrations, memberships and miscellaneous revenue. Expenses consist of costs of in-house and contract research staff, administrative costs and conference costs. This fund was previously referred to as the HEALNet Research Project Fund.

iii) Restricted Fund – Saskatchewan Population Health and Evaluation Research Unit (SPHERU).

The SPHERU Fund reflects transfers from the Health Services Utilization and Research Commission, and revenue from Saskatchewan Health – General Revenue Fund for the Unit. Expenses consist of research grants.

iv) Restricted Fund – Saskatchewan – Canadian Institute of Health Research Regional Partnership Program (RPP).

The RPP Fund reflects transfers from the Health Services Utilization and Research Commission, and revenue from Saskatchewan Health – General Revenue Fund & Saskatchewan Economic Co-operative Development. Expenses consist of research grants.

b) Research Grants

Annual Competitions

The Health Services Utilization and Research Commission holds annual competitions through which funds are awarded to successful applicants for terms of up to two years. The Commission expenses the approved funds for each year of the grant, provided recipients meet eligibility criteria. Awarded amounts not paid or payable at year-end are recorded as commitments in the notes to the financial statements. The commitments are low compared to last year due to the Fellowship competition being moved forward by four months into the next fiscal year.

The balance of funds advanced to administering institutions in excess of the current requirements of researchers is held in trust by those institutions until drawn down by the researchers. Funds not spent during the life of a successfully completed research grant are treated as a recovery in the year that this is determined. These funds are then available to be awarded for future research.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives (3 to 10 years).

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

e) Investments

Investments are valued at the lower of amortized cost or net realizable value.

3. Investments

	2002		2001	
	Carrying Value	Effective Rate	Carrying Value	Effective Rate
Short-term investments	$ 1,914,938		$ 1,481,153	
Long-term investments:				
Province of Saskatchewan Strip Bond	---	---	288,810	6.0%
Government of Canada Strip Bonds, mature in 1-2 years	274,737	5.8%	672,611	5.7 - 5.8%
Farm Credit Corporation Bond, mature in 1-2 years	603,225	2.7 - 5.9%	318,113	5.9%
CIBC Strip Bond	---	---	639,605	6.3%
Province of Quebec Bond, matures in 1 year	442,345	6.0%	416,840	6.0%
Province of British Columbia Strip Bonds, mature in 2-3 years	1,435,774	6.1 - 6.5%	1,355,809	6.1 - 6.5%
Province of Ontario Bonds, mature in 2-4 years	1,214,699	6.0 - 6.6%	1,138,325	6.0 - 6.6%
Ontario Hydro Bond, matures in 3 years	260,292	6.0%	244,743	6.0 %
Province of Saskatchewan Savings Bond, matures in 3 years	100,000	5.8%	100,000	5.8 %
Province of Manitoba Bond, matures in 5 years	419,573	5.6%	---	---
	4,750,645		5,174,856	
	$ 6,665,583		$ 6,656,009	

4. Changes in Components of Non-Cash Working Capital

	Operating Fund	Regionalization Research Centre	Total 2002	Total 2001
Decrease in accrued interest receivable	$ 561	$ ---	$ 561	$ 9,708
Decrease (increase) in accounts receivable	6,651	(8,058)	(1,407)	37,945
(increase) decrease in prepaid expenses	(1,555)	---	(1,555)	2,582
Increase (decrease) in accounts payable	28,477	11,404	39,881	(25,948)
(Decrease) increase in payroll liabilities	(561)	---	(561)	561
Increase (decrease) in grants payable	234,314	---	234,314	(312,759)
Net changes in non-cash working capital	$ 267,887	$ 3,346	$ 271,233	$ (287,911)

5. Capital Assets

	2002			2001
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture & Equipment	$ 228,070	$ 164,087	$ 63,983	$ 80,327

6. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown Corporations, departments, agencies, boards and commissions related to the Commission by virtue of common control by the Government of Saskatchewan, and non-Crown corporations and enterprises subject to joint control and significant influence by the Government of Saskatchewan (collectively referred to as "related parties").

Routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms. These transactions, and amounts outstanding at year-end are as follows:

	2002	2001
Research grant, administrative and occupancy expenses:		
Capital Pension Plan - employee benefits	$ 34,141	$ 40,193
Regina Health District Board	16,557	50,594
Saskatchewan Cancer Agency	15,500	---
Saskatchewan Health	---	8,601
Saskatoon District Health Board	55,741	48,978
University of Regina	397,339	350,764
University of Saskatchewan	2,923,265	2,275,467
Other	7,645	3,213
Accounts payable	38,618	13,264
Grants payable	646,756	412,442

The Commission pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Other transactions with related parties and amounts due to or from them are described separately in these financial statements and the notes thereto.

7. Financial Instruments

The Commission has the following financial instruments: accrued interest receivable, accounts receivable, investments, accounts payable, and grants payable. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments, other than investments, that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for investments are described separately in these financial statements and the notes thereto.

b) Interest rate risk

The Commission is exposed to interest rate risk when the value of its financial instruments fluctuate due to changes in market interest rates.

The Commission's receivables and payables are non-interest bearing. Due to the short-term nature of these, as well as cash and short-term investments, interest rate risk is minimal.

As market interest rates fluctuate the market value of long-term investments moves in the opposite direction. This risk will affect the price the Commission could sell the investments for prior to maturity.

c) Credit risk

The Commission is exposed to credit risk from potential non-payment of accounts receivable or investment income and principal.

Most of the Commission's receivables are from provincial and federal governments, therefore the credit risk is minimal.

The Commission's investments consist of provincial and federal government bonds, promissory notes, treasury bills and bankers acceptances with large Canadian banks. Therefore, credit risk for investments and related accrued interest receivable is minimal.

d) Fair Value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Accrued interest receivable
Accounts receivable
Short-term investments
Accounts payable
Payroll liabilities
Grants payable

The fair value of long-term investments is $ 4,797,474 (2001 - $5,239,508). The fair value is considered to approximate quoted market values.

8. Budget

These amounts represent the operating budget approved by the Board on June 21, 2001.

9. Regionalization Research Centre

a) Networks of Centres of Excellence Program (NCE) - HEALNet Research Project

Current agreement: July 1, 1999 to June 30, 2002

The Commission received an allocation of $261,795 for use in the 2001/2002 year. The Commission spent $261,235 during the 2001/2002 year. Unused funding is retained for use in the 2002/2003 year.

In addition, the Commission received $30,000 for allocation to the Centre's national conference on regionalization in health care, held in Vancouver, in February 2002.

b) Canadian Health Services Research Foundation (CHSRF)

In 1999/2000, the Commission received for the Regionalization Research Centre, a two-year $20,000 grant from the Canadian Health Services Research Foundation for the period November 1, 1999 to October 31, 2001. In 2001/2002, a holdback of $2,000 was received and $9,080 was spent. The project is now complete, with all funds being spent.

In 2000/2001, the Commission received for the Regionalization Research Centre, an additional grant from the Canadian Health Services Research Foundation for the Centre's involvement in a study administered through McMaster University. The grant amount of $15,750 was received and in 2001/2002, $15,545 was spent. Unused

funding is retained for use in the 2002/2003 year.

In addition, the Commission received $5,000 for the Centre's national conference on regionalization in health care, held in Vancouver, in February 2002.

c) National Conference on Regionalization in Health Care

In February 2002, the Centre held a national conference on regionalization in health care in Vancouver, B.C. The commission received $47,560 in registration fees from individual registrants. Other revenue for the conference was received from HEALNet NCE (note 9 a), Canadian Health Services Research Foundation (note 9 b) and $5,000 in miscellaneous revenue. The commission spent $58,655 on conference expenses.

d) Memberships

In 2001/2002, the commission received $5,240 in membership fees.

10. Saskatchewan Population Health Evaluation and Research Unit (SPHERU)

On July 9, 1999, the Saskatchewan Population Health and Evaluation Research Unit, Inc. (SPHERU) was incorporated as a separate entity under *The Non-Profit Corporations Act, 1995.* This corporation focuses on enhancing health and social planning, evaluating health system changes, improving health information use for planning and evaluation and health policy development.

The corporation is funded by Saskatchewan Health and HSURC which provided $250,000 each during the year. HSURC administers the funds for the corporation and distributed $626,433 to SPHERU, Inc. during the year. Unused funding is retained for use in the 2002/2003 year.

11. Saskatchewan – Canadian Institute of Health Research Regional Partnership Program

The program was set up in 1999/2000 to provide funding support for Saskatchewan researchers and research projects. During the year, the program received funding from Saskatchewan Health, Saskatchewan Economic and Co-operative Development and HSURC, which provided $400,000, $250,000 and $100,000 respectively. HSURC agreed to manage the funds for the program, in a signed agreement with Saskatchewan Economic and Co-operative Development.

12. Commitments

At March 31, 2002, the Commission had the following commitments:

a) Research Grants

The Board has approved research grants for payment in 2002/2003 of $695,215 and in 2003/2004 of $56,059.

b) SPHERU

Under a memorandum of understanding, signed October 31, 1999, HSURC will pay SPHERU $250,000 per year and interest up to $25,000 per year until the year 2006/2007.

c) RPP

As per a May 1999 agreement between Saskatchewan Health, Saskatchewan Economic and Co-operative Development and CHSRF (formerly the Medical Research Council of Canada), HSURC will contribute $100,000 per year until the year 2003/2004.

d) Health Co-ordinator

Under a memo of understanding between HSURC and the University of Saskatchewan signed in November 1999, HSURC will contribute $100,000 per year until 2004/2005 to support a University Co-ordinator of Health Research position.

13. Pension Plan

HSURC is a participating employer in the Capital Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 5.5% of gross salary, which are matched by HSURC. During the year, the Commission's total contributions were $34,141 (2001 - $40,193).

14. Comparative Information

Certain 2000/2001 balances have been reclassified to conform with the current year's presentation.

15. Dissolution of HSURC

On May 6, 2002, the Government of Saskatchewan introduced into the Saskatchewan Legislative Assembly for first reading the *Health Quality Council Act*, followed by the introduction of the *Saskatchewan Health Research Foundation Act* on May 9, 2002.

The *Saskatchewan Health Research Foundation Act* includes the following provision to repeal the *Health Services Utilization and Research Commission Act* which provides the legislative authority for HSURC:

Section 22:

(1) *The Health Services Utilization and Research Commission Act* is repealed.
(2) All property, assets, liabilities, rights and obligations of the Health Services Utilization and Research Commission immediately before the coming into force of this section are transferred to and become the property, assets, liabilities, rights and obligations of the foundation.
(3) All actions and proceedings commenced by or against the Health Services Utilization and Research Commission are continued as actions or proceedings against the Saskatchewan Health Research Foundation.
(4) Any action or proceeding that could have been commenced against the Health Services Utilization and Research Commission but for the repeal of *The Health Services Utilization and Research Commission Act* may be commenced against the Saskatchewan Health Research Foundation.

The board of HSURC plans to transfer the HSURC staff and assets relevant to the start-up of the Health Quality Council to that agency, by transfer agreement, before the coming into force of the above provision.